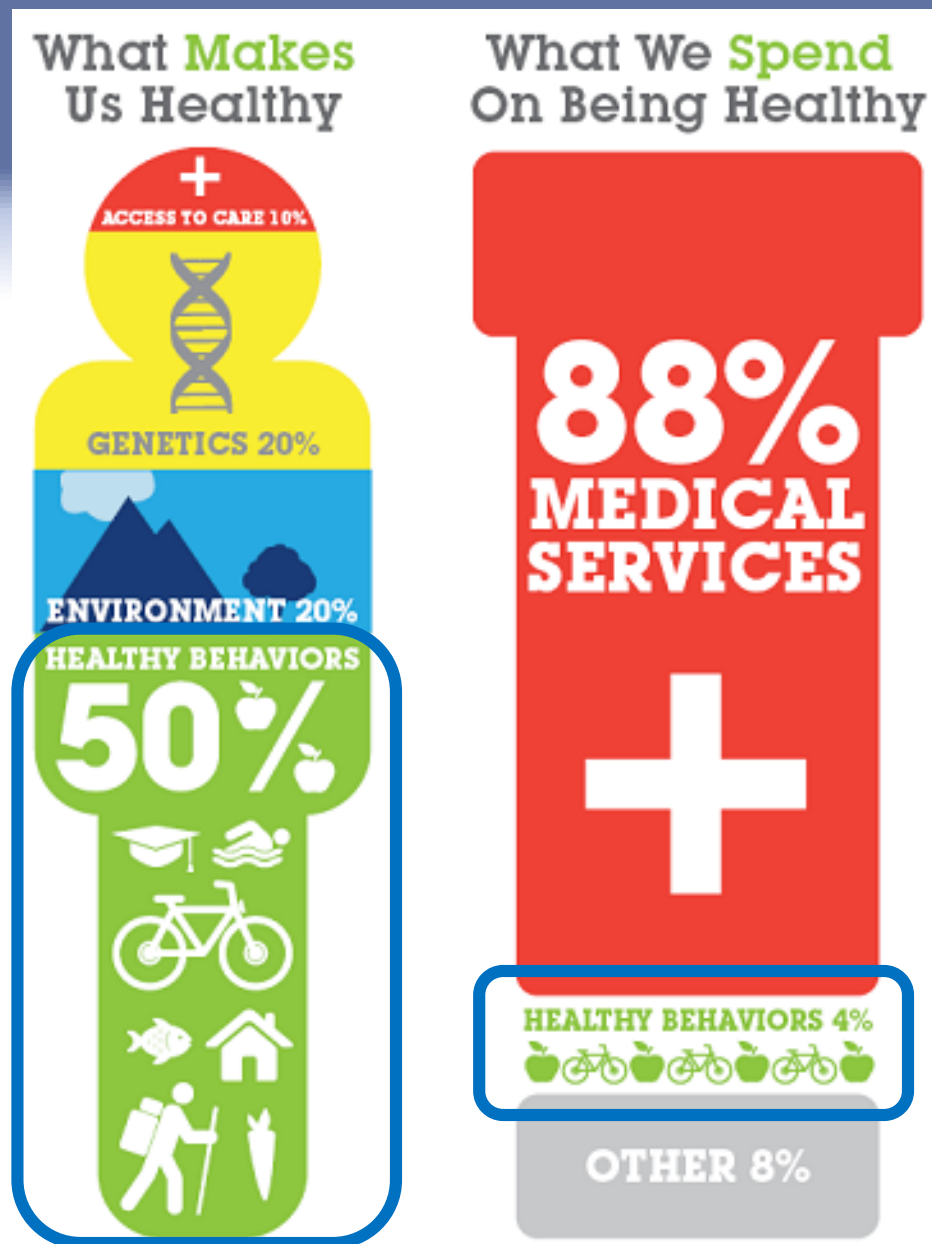




Introduction to the HIA Process

- What makes us healthy?
- What is HIA?
- How is HIA done?

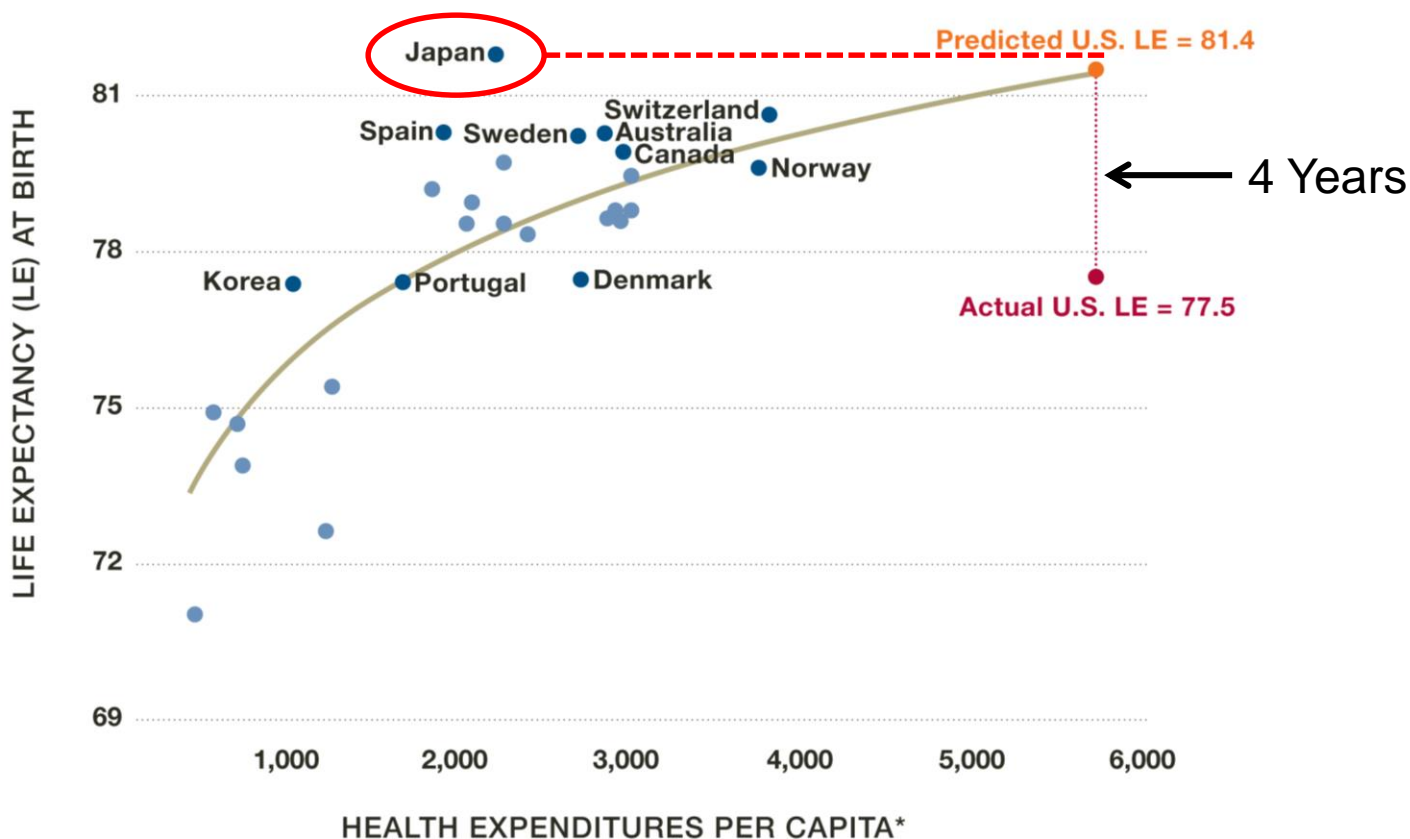




Source: Lots to Lose: How America's Health and Obesity Crisis Threatens our Economic Future (2012)

America Is Not Getting Good Value for Its Health Dollar

The U.S. spends more money per person on health than any other country, but our lives are shorter—by nearly four years—than expected based on health expenditures.



Prepared for the Robert Wood Johnson Foundation by the Center on Social Disparities in Health at the University of California, San Francisco.

Sources: OECD Health Data 2007.

Does not include countries with populations smaller than 500,000. Data are for 2003.

*Per capita health expenditures in 2003 U.S. dollars, purchasing power parity

© 2008 Robert Wood Johnson Foundation

www.commissiononhealth.org







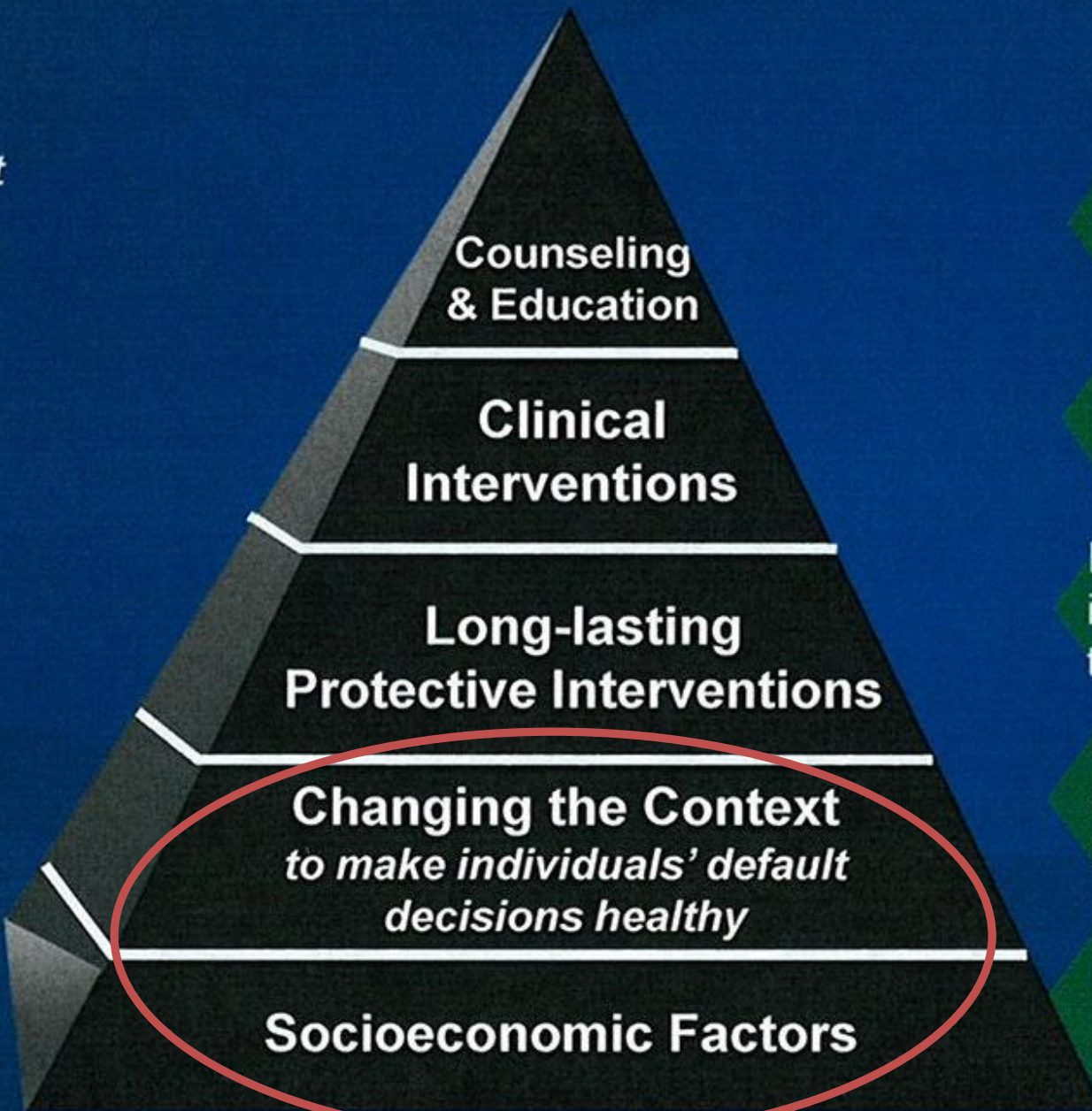
Social Determinants of Health



Factors that Affect Health

Smallest
Impact

Largest
Impact



Examples

Eat healthy, be physically active

Rx for high blood pressure, high cholesterol, diabetes

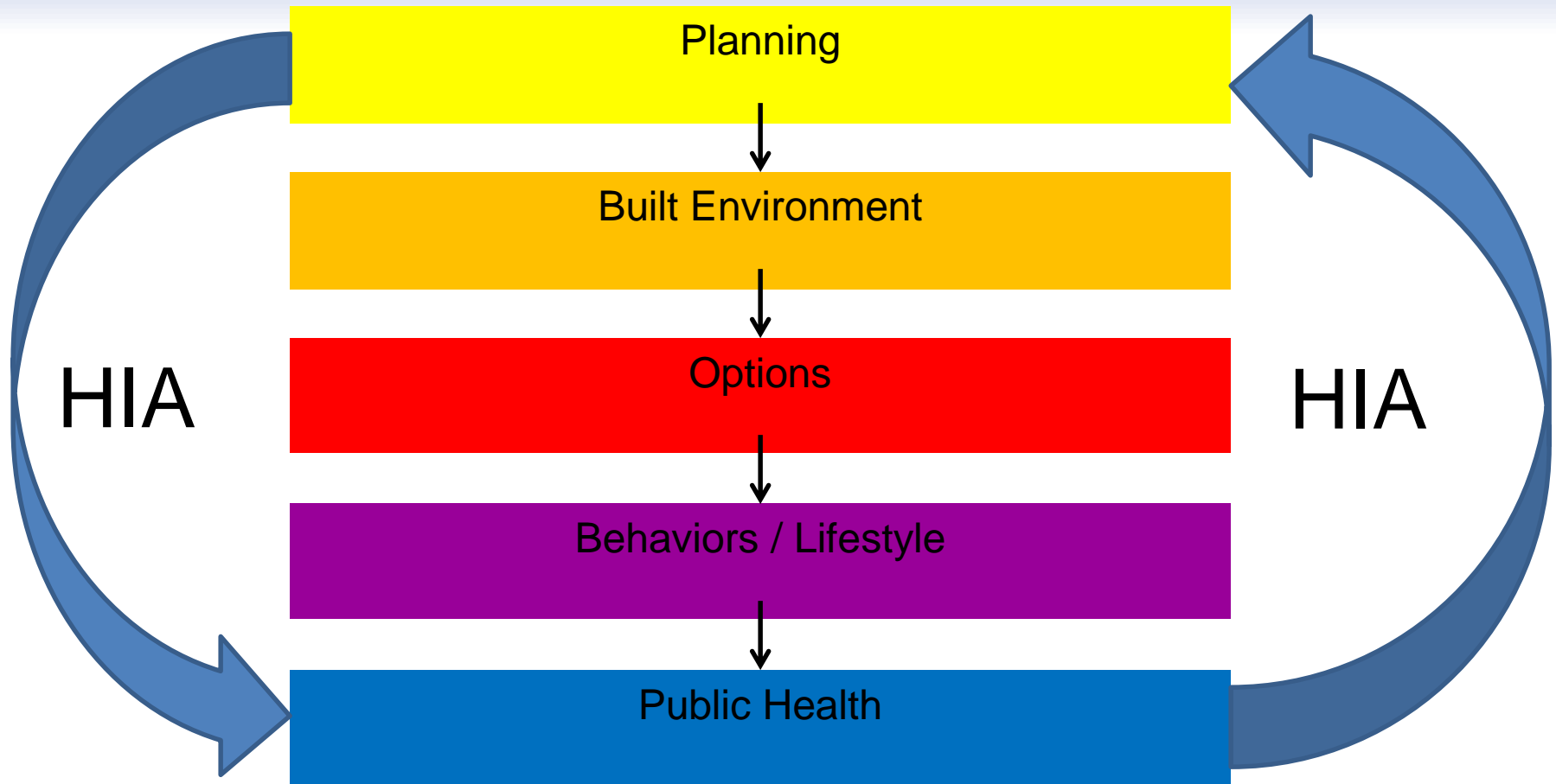
Immunizations, brief intervention, cessation treatment, colonoscopy

Fluoridation, 0g trans fat, iodization, smoke-free laws, tobacco tax

Poverty, education, housing, inequality



Planning & Public Health





What is HIA?

- Health Impact Assessment is a combination of procedures, methods and tools by which a policy, program or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population.

Gothenburg Consensus Paper 1999

- Health Impact Assessment (HIA) is a voluntary research and public engagement tool used to assess the ways a policy or proposal might help or harm public health and well-being. It is a flexible but structured process that can take anywhere from 2 months to 2 years, and has varying degrees of complexity.

*Human Impact Partners and
Center for Community Health and Evaluation*



What is HIA?

HIA is a systematic process that uses an array of data sources and analytic methods and considers input from stakeholders to determine the potential effects of a proposed policy, plan, program, or project on the health of a population and the distribution of those effects within the population. HIA provides recommendations on monitoring and managing those effects.

National Research Council



What is HIA?

- Voluntary Decision Support Tool
- Applied to Sectors Outside of Health
- Possible Positive and Negative Health Impacts
- Policy, Plan, Project, or Program
- Population Level/ Distribution within Population
- Prospective/ Recommendations





HIA vs EIA

- HIA is (mostly) non-regulatory
- EIA has established procedure
- EIA is funded by the project proponent
- EIA examines only adverse components
- HIA is proactive vs. EIA is reactive
- Many types of reporting vs. complex EIS



HIA Addresses Social Determinants of Health

*How might the proposed
project, plan, policy, &
program*

affect

```
graph LR; A[How might the proposed project, plan, policy, & program] --> B[Housing  
Air quality  
Noise  
Safety  
Social networks  
Nutrition  
Parks and natural space  
Private goods and services  
Public services  
Transportation  
Livelihood  
Water quality  
Education  
Inequities]; B --> C[And potentially lead to predicted health outcomes?]
```

Housing
Air quality
Noise
Safety
Social networks
Nutrition
Parks and natural space
Private goods and services
Public services
Transportation
Livelihood
Water quality
Education
Inequities

*And potentially lead to
predicted health
outcomes?*



1. Screening: determines whether a proposal is likely to have health impacts and whether the HIA will provide information useful to the stakeholders and decision-makers.

2. Scoping: establishes the scope of health impacts that will be included in the HIA, the populations affected, the HIA team, sources of data, methods to be used, and alternatives to be considered.

3. Assessment: involves a two-step process that first describes the baseline health status of the affected population and then assesses potential impacts.

4. Recommendations: suggest alternatives that could be implemented to improve health or actions that could be taken to manage the health effects, if any, that are identified.

6. Monitoring and Evaluation: records the adoption and implementation of HIA recommendations, monitors the changes in health and health determinants, and evaluates the process, impact, and outcomes of an HIA.

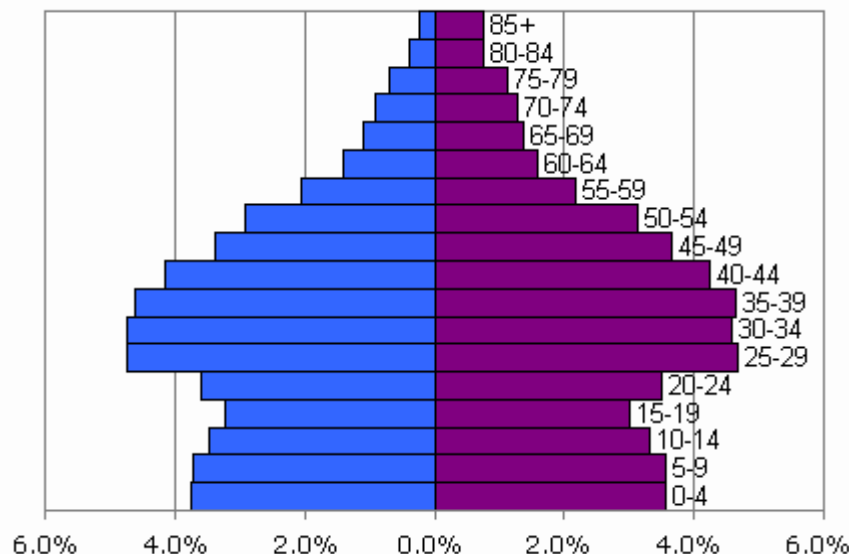
5. Reporting: documents and presents the findings and recommendations to stakeholders and decision-makers.

The Health Impact Assessment Process

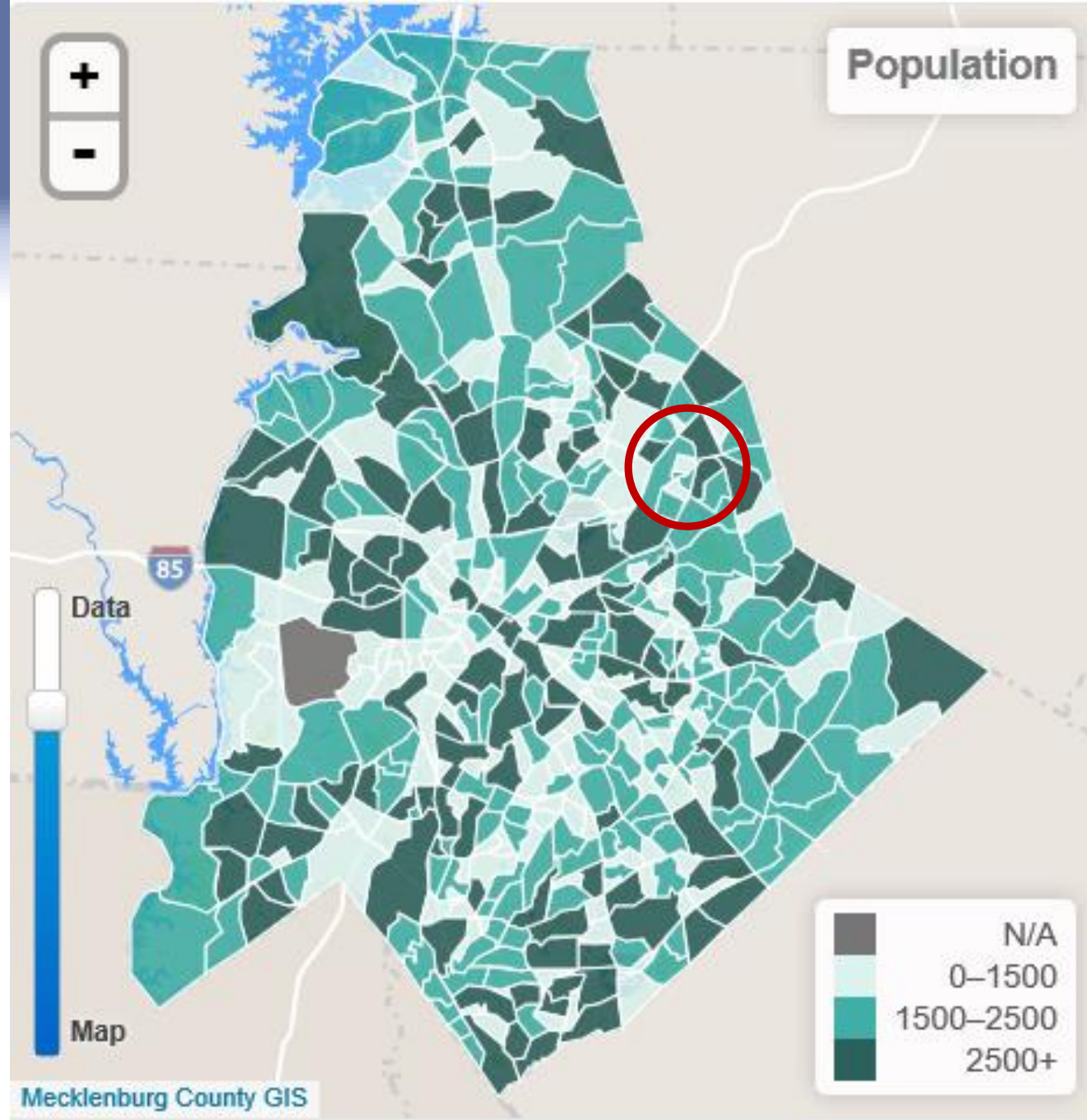


Baseline Demographic Conditions and Health Indicators for Mecklenburg

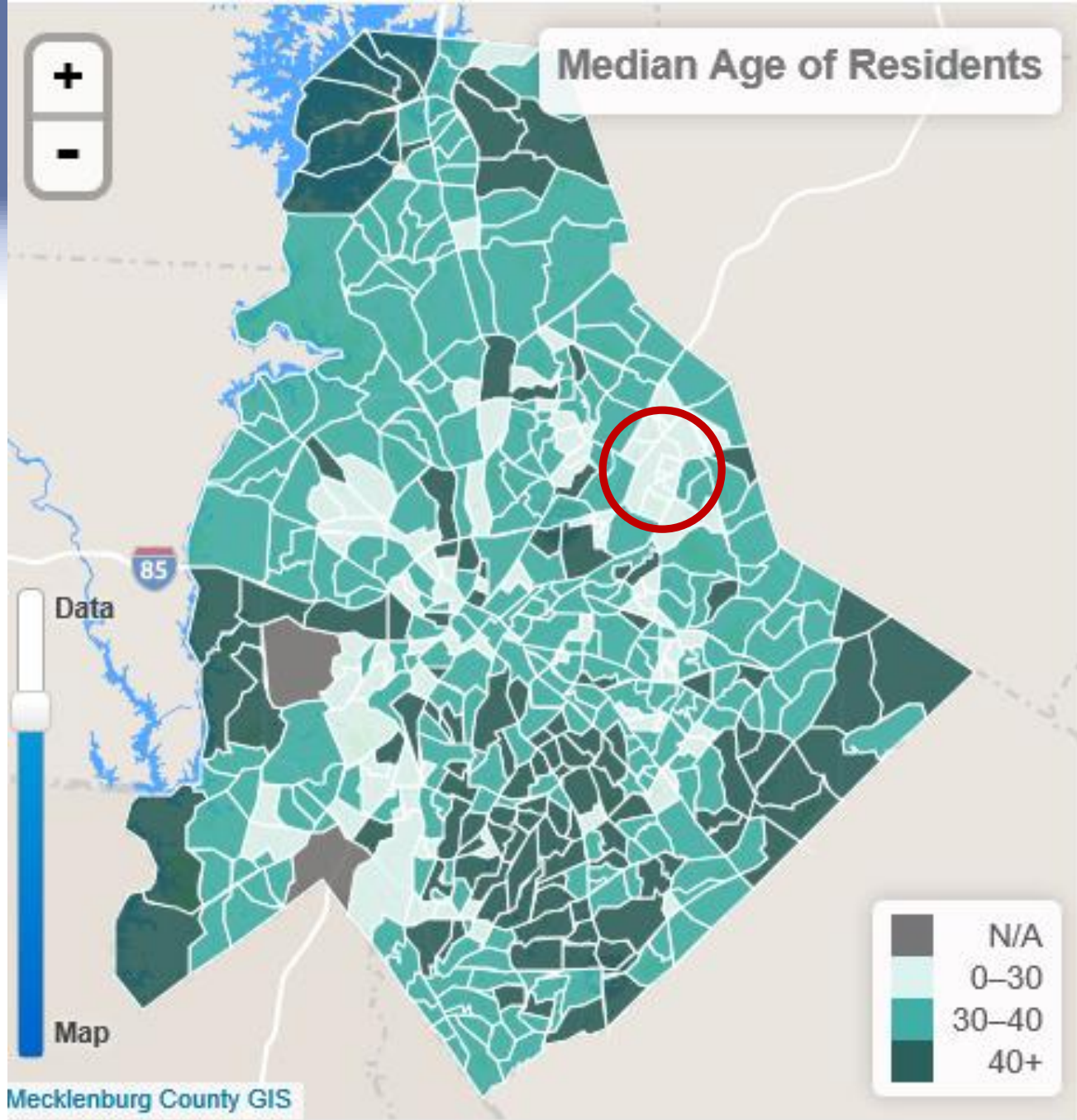
- Population: 919,628
- Median Age: 34 Years
- Median Household Income: \$55,444
- Racial Breakdown:
 - 55% Caucasian
 - 31% African American
 - 5% Asian
 - 6% Other
 - 3% Two or More



Source: 2010 U.S. Census



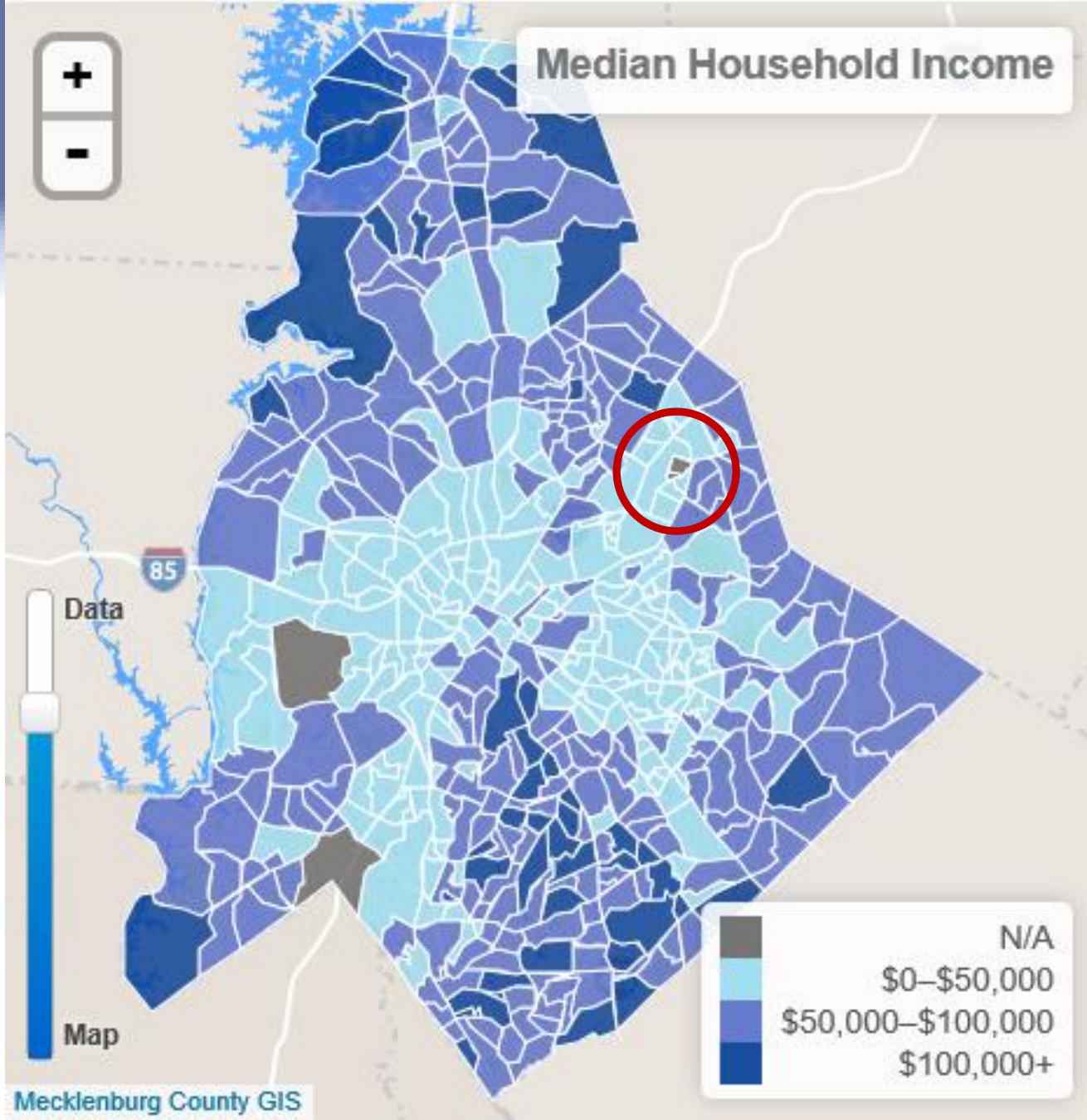
Source: Charlotte-Mecklenburg Quality of Life Dashboard

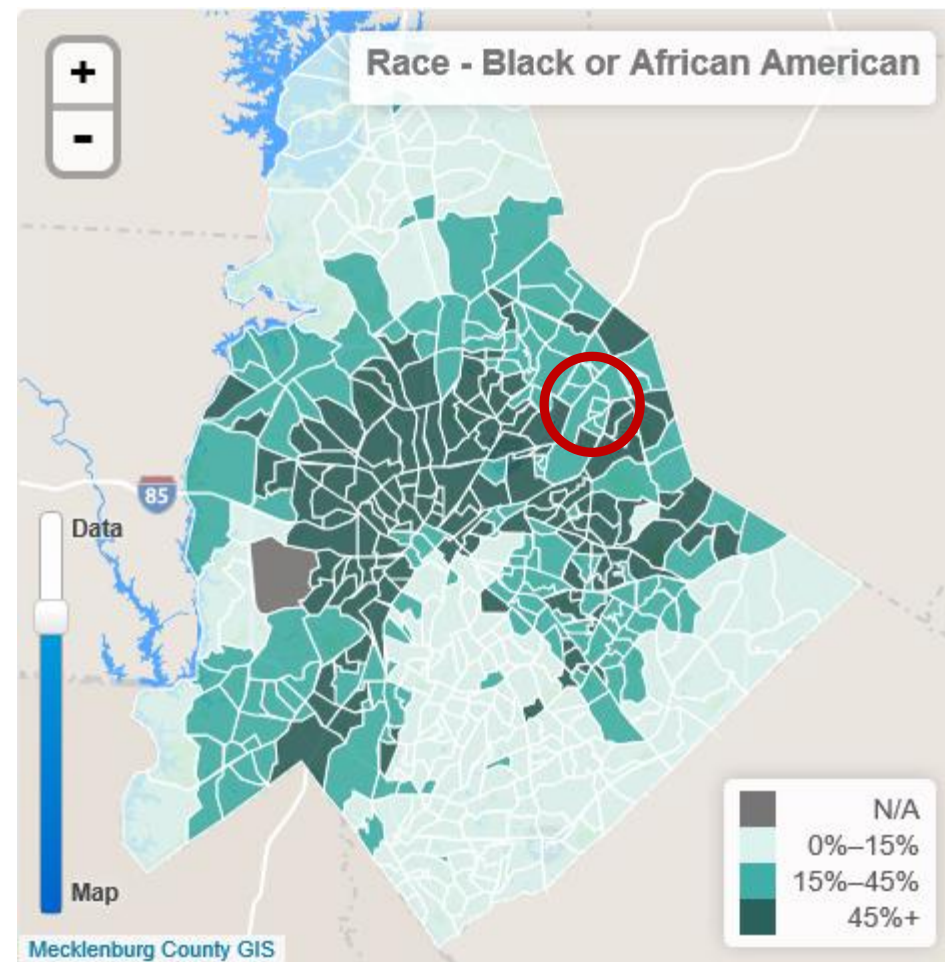
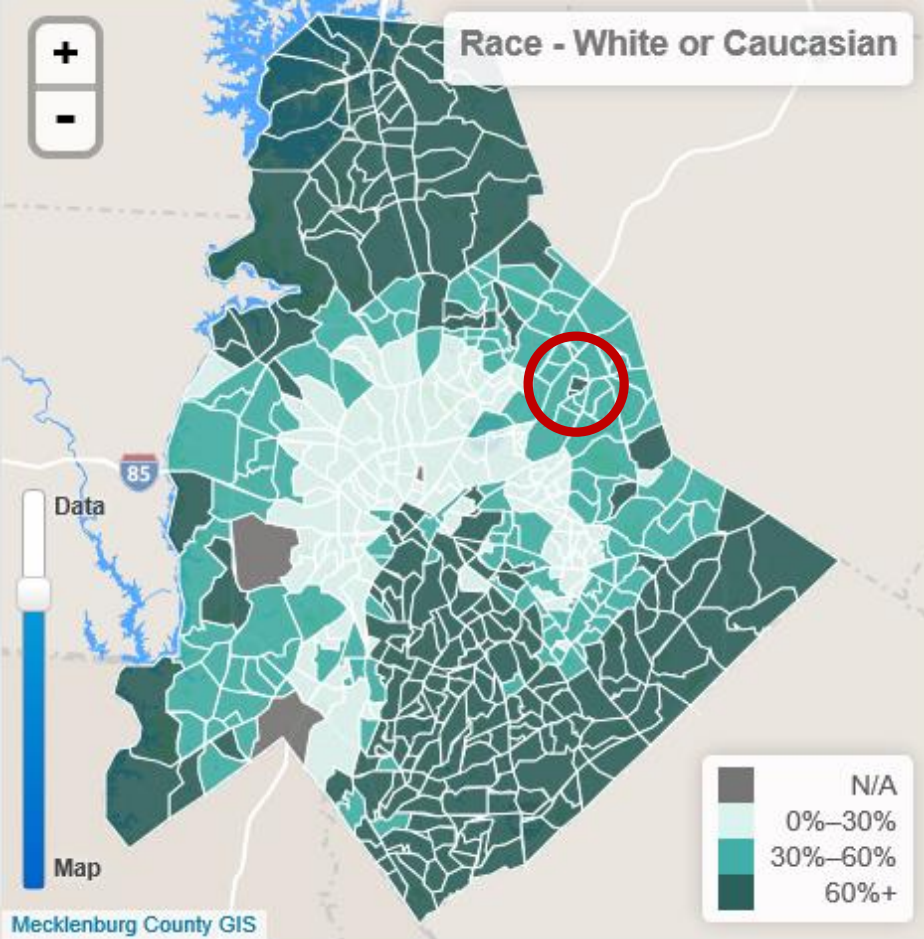


Source: Charlotte-Mecklenburg Quality of Life Dashboard



Median Household Income





Source: Charlotte-Mecklenburg Quality of Life Dashboard



Baseline Demographic Conditions and Health Indicators for Mecklenburg

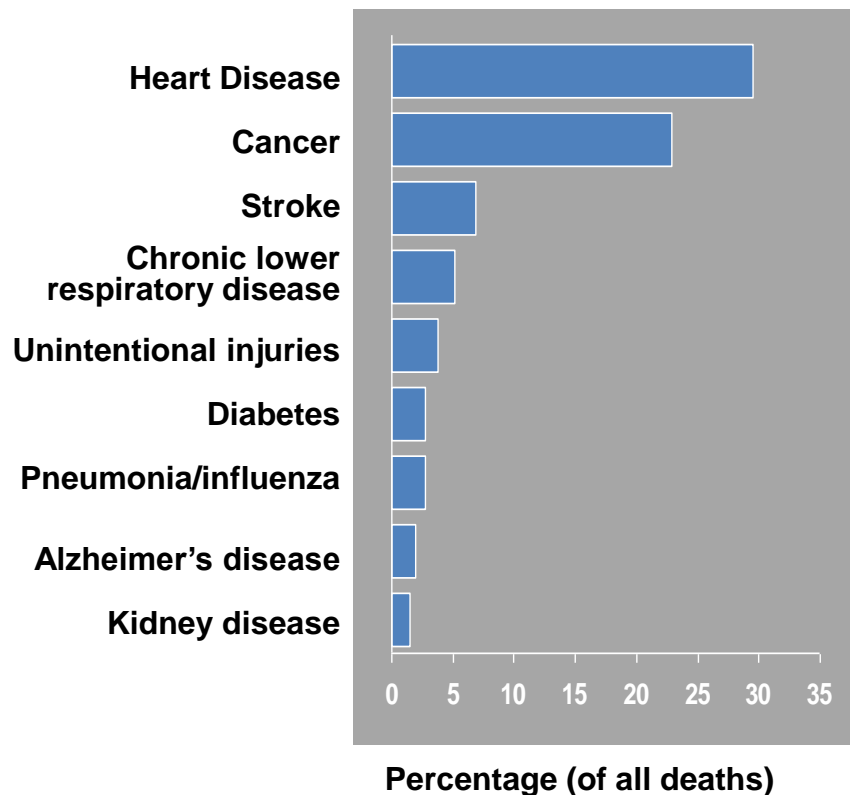
- Life Expectancy: 67
- Leading Causes of Death and Disability:
 - Heart Disease
 - Cancer
 - Stroke
 - Respiratory Disease
 - Injury
 - Diabetes
 - Flu/Pneumonia
 - Alzheimer's



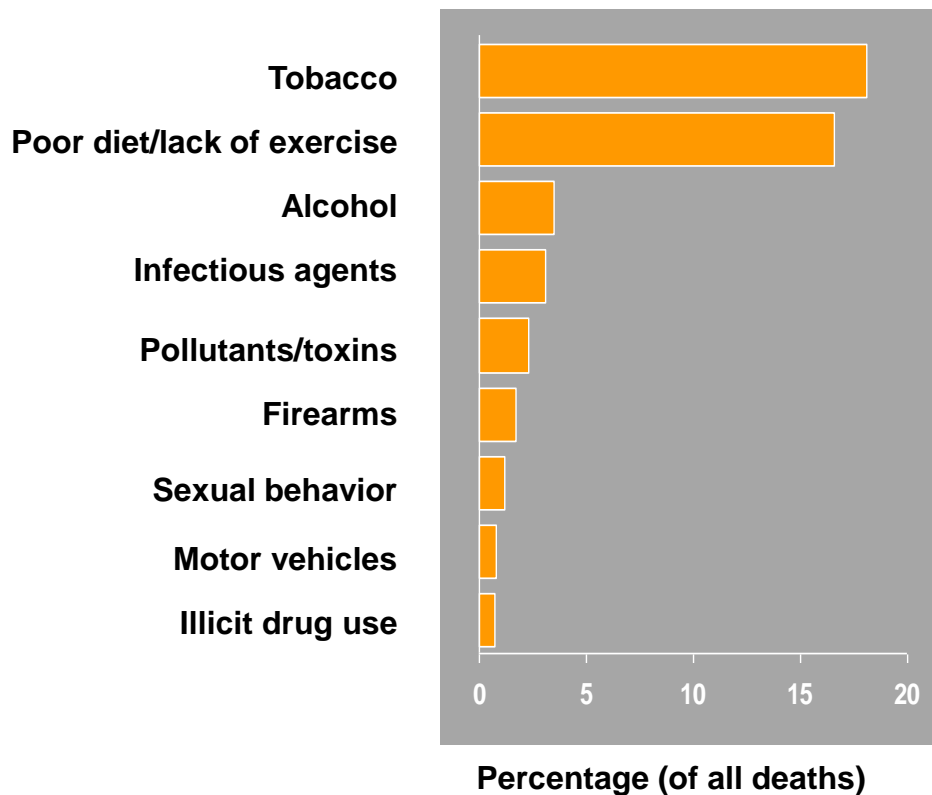


Focus on Chronic Disease

Leading Causes of Death*



Actual Causes of Death†



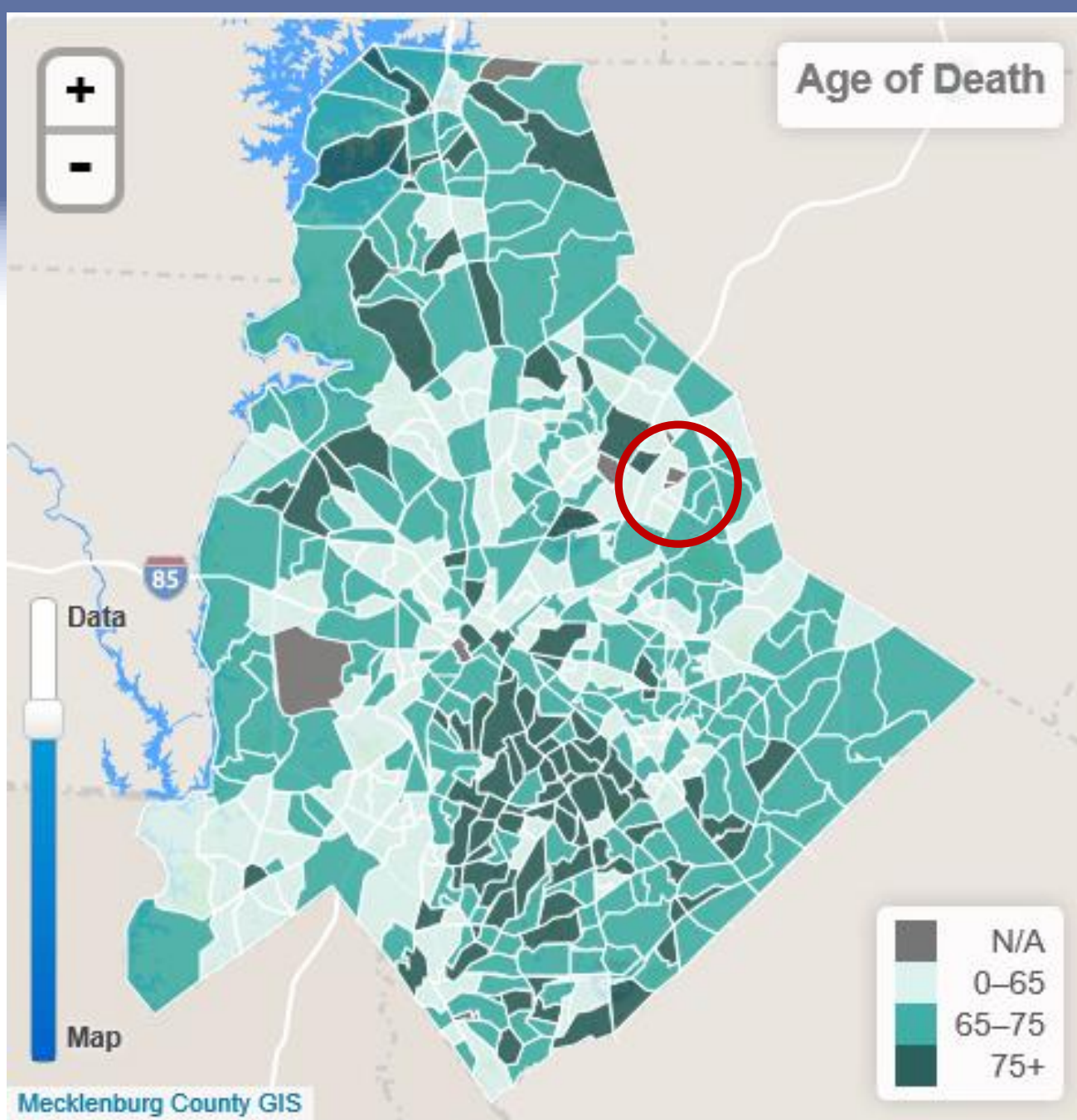
* National Center for Health Statistics. Mortality Report. Hyattsville, MD: US Department of Health and Human Services; 2012

† Adapted from McGinnis Foege, updated by Mokdad et. al.



Mecklenburg County Health Priorities





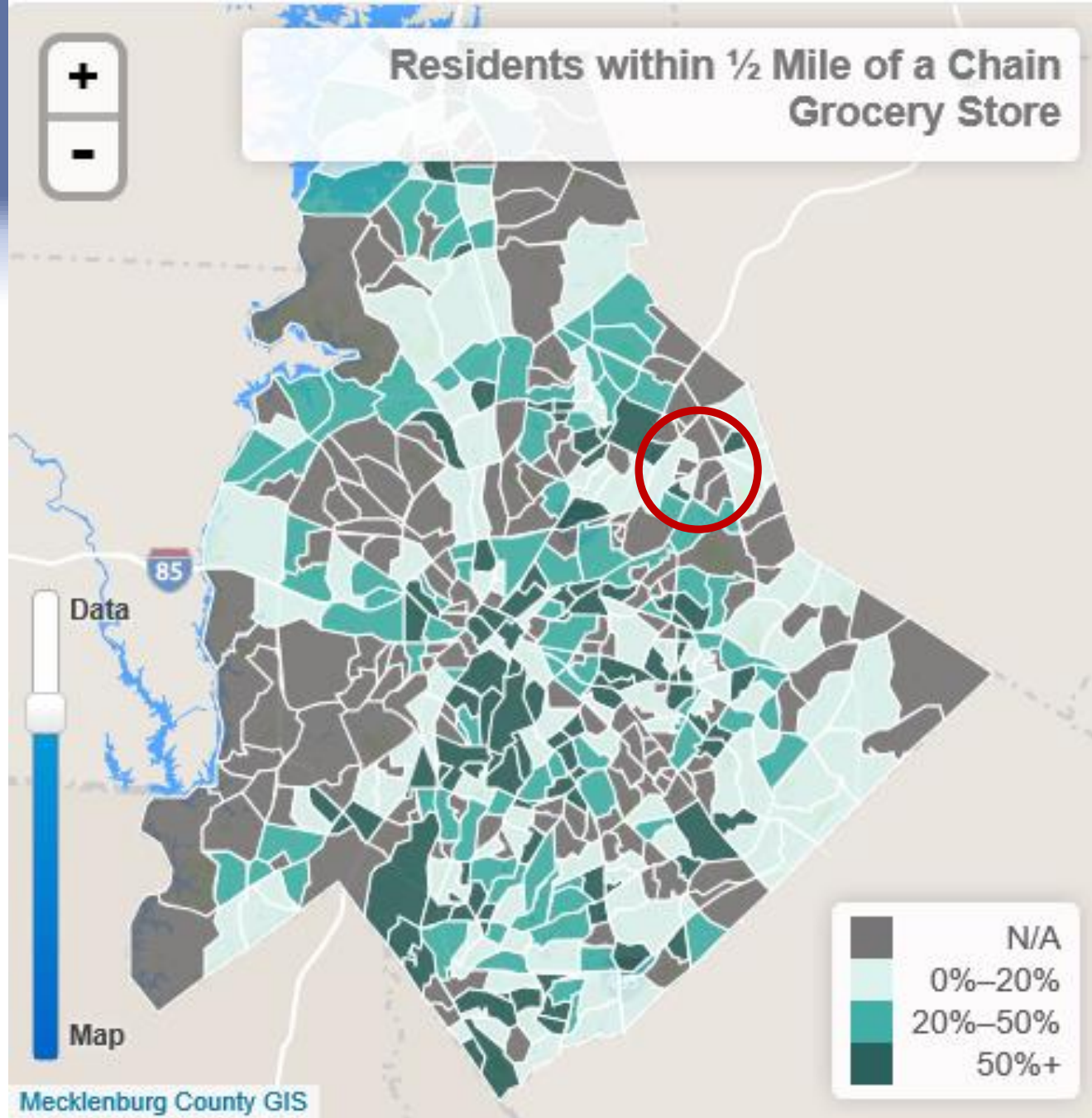
Source: Charlotte-Mecklenburg Quality of Life Dashboard



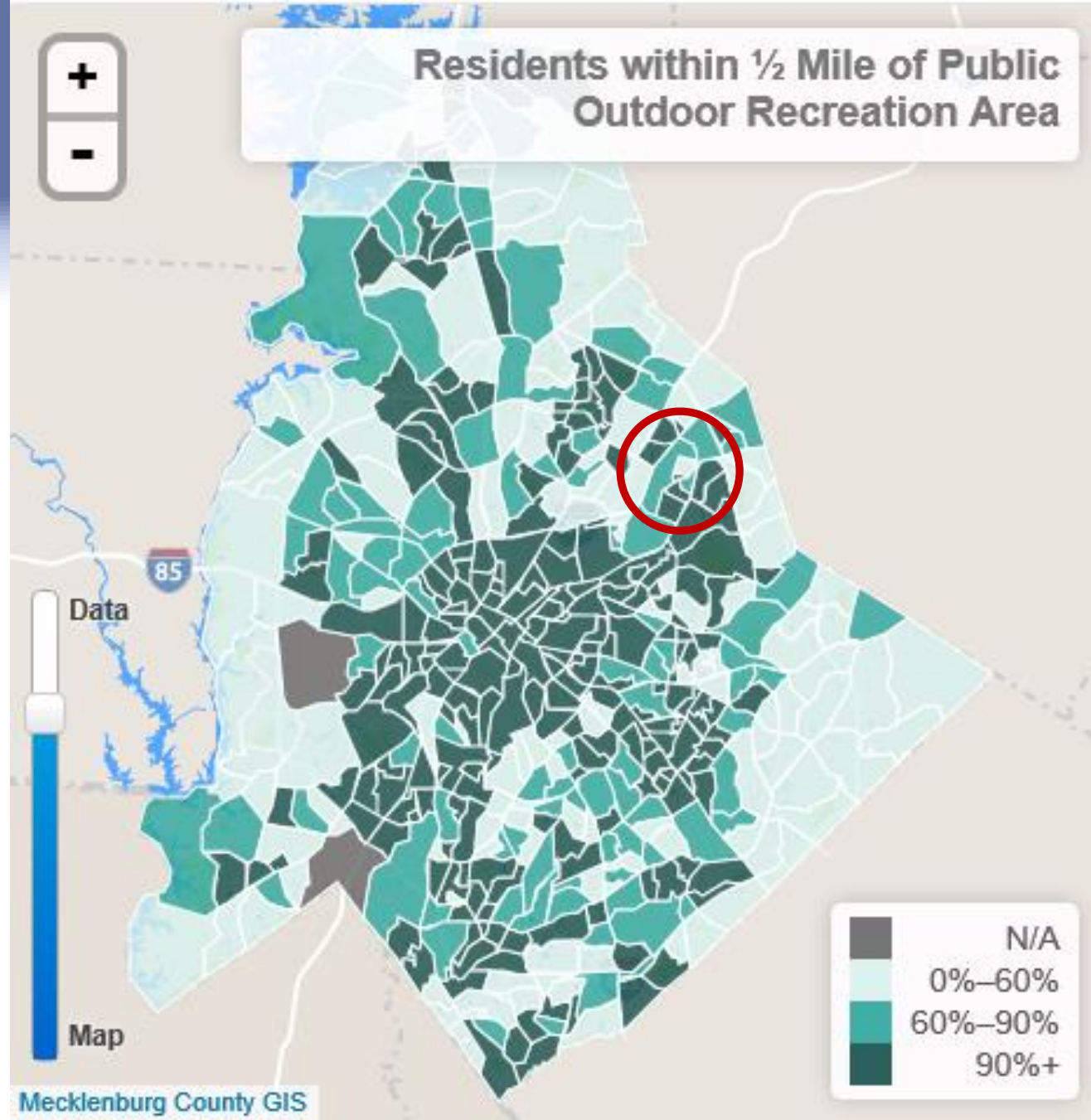
Baseline Demographic Conditions and Health Indicators for Mecklenburg

- Fruits and Vegetables (Eat 5/day)- 11%
- Physical Activity (Exercise 150 minutes/week)- 53%
- Tobacco Use/ Smoker- 17%

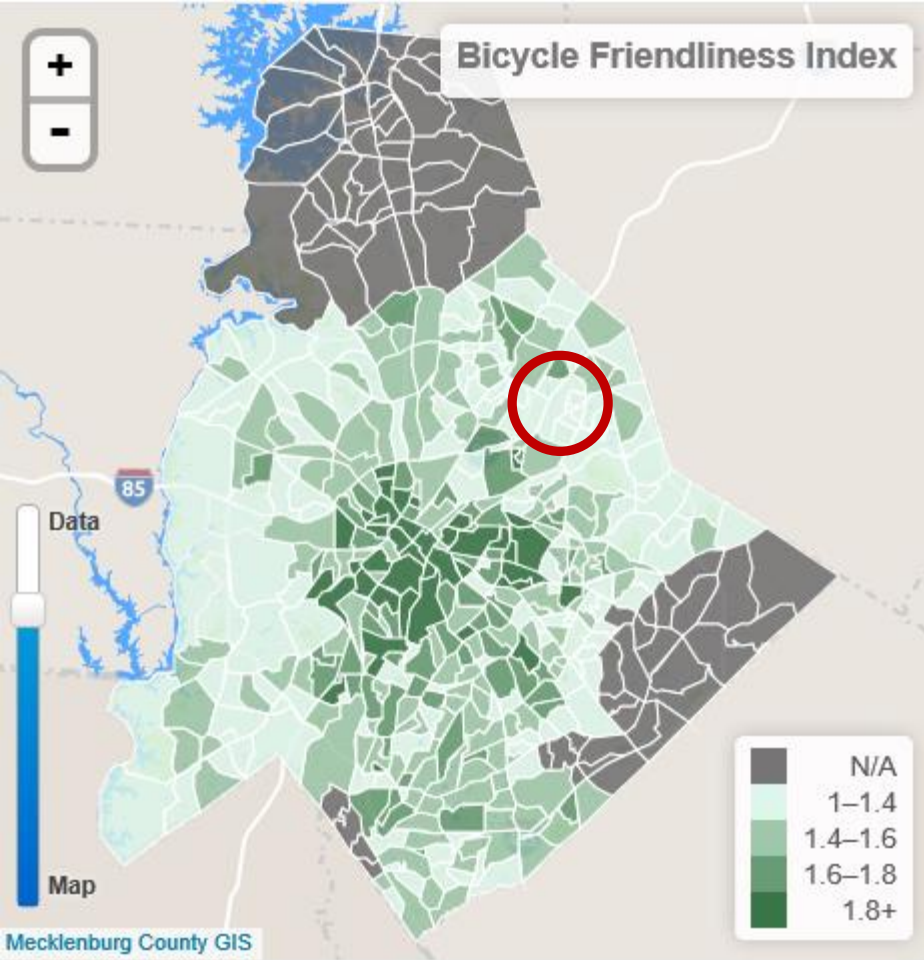




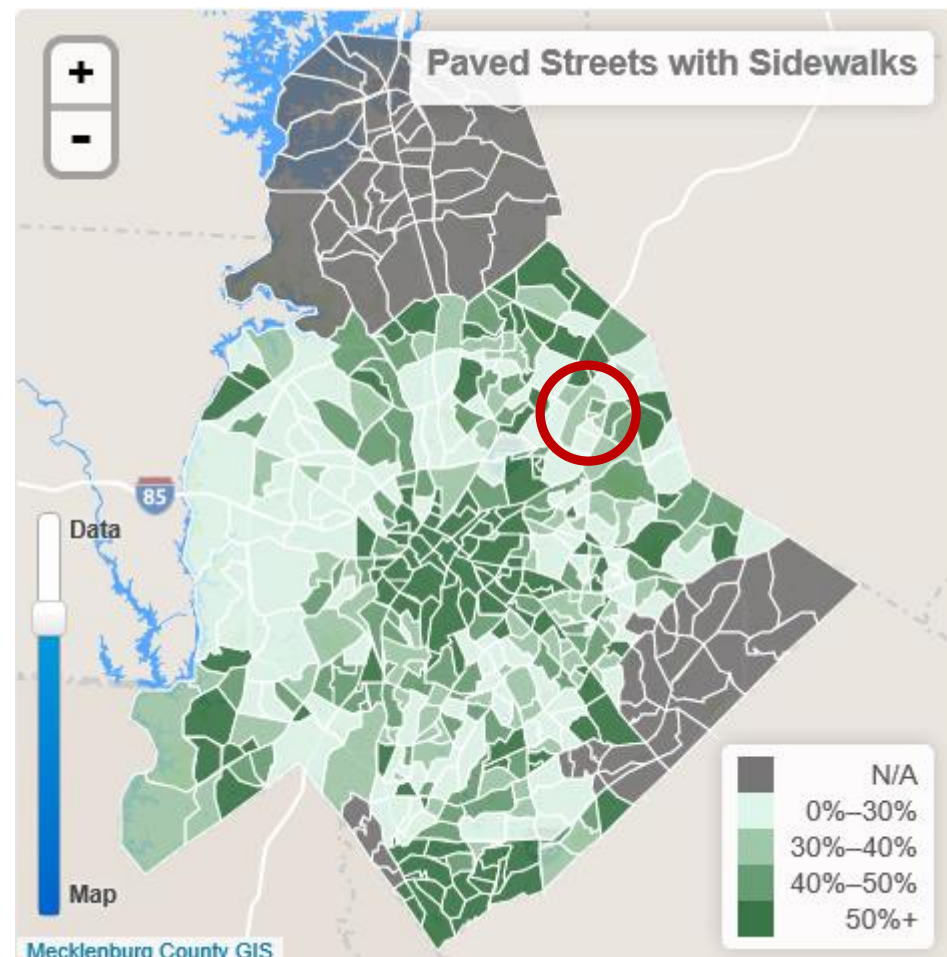
Source: Charlotte-Mecklenburg Quality of Life Dashboard

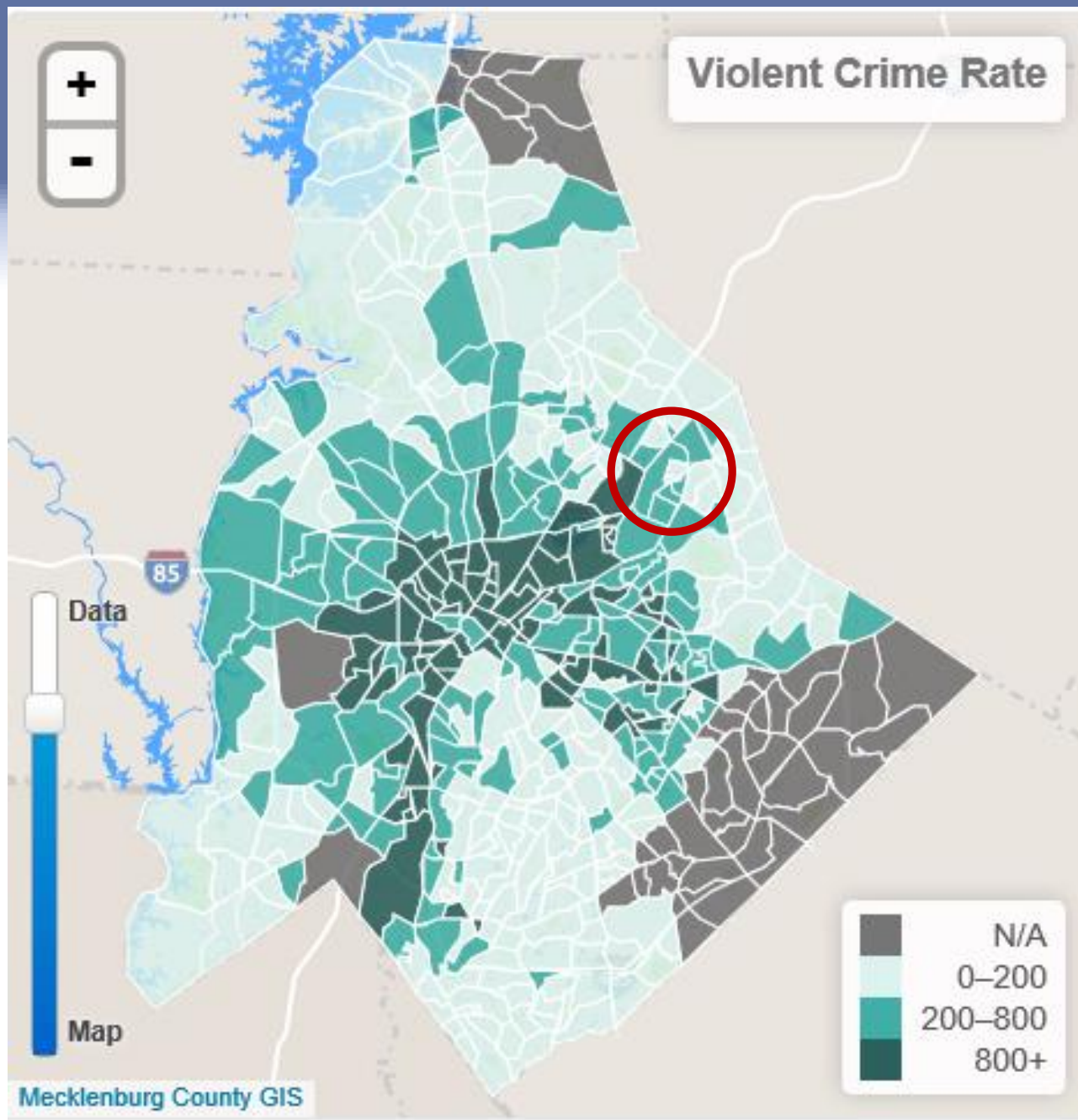


Source: Charlotte-Mecklenburg Quality of Life Dashboard



Source: Charlotte-Mecklenburg Quality of Life





Source: Charlotte-Mecklenburg Quality of Life Dashboard



Baseline Demographic Conditions and Health Indicators for Mecklenburg

- Health Disparities
 - African Americans have higher mortality rates than Caucasians
 - Prostate cancer 3.4 times higher rate
 - Diabetes 3.1 times higher rate
 - Hispanics
 - Unintentional injury rates among top leading causes of death for Hispanics
 - Chronic disease rates rising as health behaviors change



Questions????

